STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Good Soul AFH LLC

Good Soul AFH LLC
18414 41st Pl W
Lynnwood, WA 98037

RE: Good Soul AFH LLC License # 754829

Dear Provider:

This letter addresses Compliance Determination(s) 49230 (Completion Date 10/23/2024) and 47103 (Completion Date 09/13/2024).

The Department completed a follow-up inspection of your Adult Family Home on 10/23/2024 and found that you have corrected the violations listed in the Full report dated 09/13/2024. Your home is back in compliance as of 10/16/2024 with the cited requirements of the Washington Administrative Code or the Revised Code of Washington or both.

The Department found that deficiencies for the following licensing laws and regulations were corrected:
WAC 388-76-10430-2-c, WAC 388-76-10430-3, WAC 388-76-10430-1, WAC 388-76-10015-1, WAC 388-112A-0610-1-b

The Department staff who did the on-site verification:
Jeffrey McClellan, Long Term Care Surveyor
Hang Lu, Licensor

If you have any questions, please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

AGING AND LONG-TERM SUPPORT ADMINISTRATION

20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

Statement of Deficiencies	License #: 754829	Compliance Determination # 47103
Plan of Correction	Good Soul AFH LLC	Completion Date
Page 1 of 7	Licensee: Good Soul AFH LLC	09/13/2024

You are required to be in compliance at all times with all licensing laws and regulations to maintain your Adult Family Home license.

The department completed data collection for the unannounced on-site full inspection on 09/11/2024 and 09/11/2024 of:

Good Soul AFH LLC
18414 41st Pl W
Lynnwood, WA 98037

The following sample was selected for review during the unannounced on-site visit: 2 of 5 current residents and 0 former residents.

The department staff that inspected the Adult Family Home:

Hang Lu, Licensor
Jeffrey McClellan, Long Term Care Surveyor

From:
DSHS, Aging and Long-Term Support Administration
Residential Care Services, Region 2 , Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

As a result of the on-site visit(s), the department found that you are not in compliance with the licensing laws and regulations as stated in the cited deficiencies in the enclosed report.

Renee' Bourgue — Residential Care Services

09/25/2024 — Date

I understand that to maintain an Adult Family Home license, I must be in compliance with all the licensing laws and regulations at all times.

Meseret Tesfay
Provider (or Representative)

10/01/2024
Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

(2) When providing medication assistance or medication administration for any resident, the home must ensure each resident:

(c) Medication log is kept current as required in WAC 388-76-10475 ;

(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled residents (Residents 1 and 2) had an accurate Medication Log (ML). The AFH also failed to have doctor's orders for all medications, and over the counter (OTC) medication bottles had labels. These failures placed Residents 1 and 2 at risk for medication errors.

Findings included...

RESIDENT 1
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2021. Record review showed Resident 1 was on multiple prescribed medications.

Review of Resident 1's September 2024 ML showed a medication entry that read, "Aripiprazole (for mental/ mood disorder): 10 milligrams (mg) tablets: Dissolve one tablet in mouth every night at bedtime."

Observation of Resident 1's medication supply, on 09/11/2024 at 2:35 PM, showed the pharmacy label on the medication bingo pack read, "Aripiprazole 10 mg tablets: Take one tablet by mouth daily. Take together with 2.5 mg tablet for total daily dose of 12.5 mg daily." The pharmacy label on another medication bingo pack read. "Aripiprazole 5 mg tablet: Take half a tablet (2.5 mg) once daily in addition to the 10 mg tablet if rigid thinking or hallucinations occur. If not, hold 2.5 mg dose."

Provider (or Representative) Date

WAC 388-76-10430 Medication system.

(1) If the adult family home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications.

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(3) Records are kept which include a current list of prescribed and over-the-counter medications including name, dosage, frequency and the name and phone number of the practitioner as needed.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to ensure 2 of 2 sampled residents (Residents 1 and 2) had an accurate Medication Log (ML). The AFH also failed to have doctor's orders for all medications, and over the counter (OTC) medication bottles had labels. These failures placed Residents 1 and 2 at risk for medication errors.

Findings included…

RESIDENT 1
Review of Resident 1's record showed the AFH admitted Resident 1 on [redacted]/2021. Record review showed Resident 1 was on multiple prescribed medications.

Review of Resident 1's September 2024 ML showed a medication entry that read, "Aripiprazole (for mental/ mood disorder): 10 milligrams (mg) tablets: Dissolve one tablet in mouth every night at bedtime."

Observation of Resident 1's medication supply, on 09/11/2024 at 2:35 PM, showed the pharmacy label on the medication bingo pack read, "Aripiprazole 10 mg tablets: Take one tablet by mouth daily. Take together with 2.5 mg tablet for total daily dose of 12.5 mg daily." The pharmacy label on another medication bingo pack read, "Aripiprazole 5 mg tablet: Take half a tablet (2.5 mg) once daily in addition to the 10 mg tablet if rigid thinking or hallucinations occur. If not, hold 2.5 mg dose."

Record review showed the doctor's orders, dated 07/09/2024 and 07/18/2024, matched the instructions of the pharmacy labels on the Aripiprazole medication bingo packs.

In an interview, on 09/11/2024 at 2:39 PM, Staff A, Entity Representative, stated that the pharmacist told them to give the Aripiprazole as indicated on the ML. At 2:45 PM, Staff A stated that they would update the ML to match the doctor's orders for Aripiprazole.

Observation of Resident 1's medication supply, on 09/11/2024 at 2:50 PM, showed Resident 1 had several OTC bottles for supplements such as Fish Oil, Biotin, Calcium, and Ester C. The OTC medication bottles were not labeled with the resident's name, dosage, and frequency of administration.

Record review showed the doctor's order, dated 01/02/2024, read, "Calcium 600 mg: Take 1 gelcap by mouth twice daily."

Review of Resident 1's September 2024 ML showed a medication entry that read, "Calcium 600 mg: Take 1 gelcap by mouth twice daily" and Staff A's initials indicating they gave Calcium twice daily.

Observation and interview, on 09/11/2024 at 2:50 PM, showed the OTC Calcium bottle contained 1200 mg gelcaps. Staff A stated that they did not realize the dosage in the OTC bottle was double. Staff A stated that they would ask for a change of Calcium order to 1200 mg once daily.

Observation, on 09/11/2024 at 3:58 PM, showed Staff A presenting an additional page of the September 2024 ML with only one medication entry that read, "Aripiprazole 5 mg tablets: Take half a tablet (2.5 mg) once daily in addition to 10 mg tablet if rigid thinking or hallucinations occur. If not, hold 2.5 mg dose."

In a phone interview, on 09/12/2024 at 3:00 PM, Staff A stated that Resident 1 wanted to stop taking the Fish Oil and Biotin. Staff A stated that they were waiting for the nurse practitioner's orders to label all of Resident 1's OTC bottles.

Review of documents, received by the Department on 09/12/2024, showed new orders (that included the discontinuation of Fish Oil and Biotin) and a picture of OTC bottles with labels (Resident 1's name and instructions) on them.

RESIDENT 2
Review of Resident 2's record showed the AFH admitted Resident 2 on [redacted]/[redacted]/2024. Record review showed Resident 2 was on multiple prescribed medications.

Review of Resident 2's September 2024 ML, showed a medication entry that read, "Potassium Chloride (KCL) 20 milliequivalent (meq): Take one packet dissolved in water three times a day for electrolyte replacement."

Record review showed the doctor's order, dated 06/24/2024, read, "KCL 20 meq: Take two packets dissolved in water by mouth daily for electrolyte replacement."

Observation of Resident 2's medication supply, on 09/11/2024 at 3:10 PM, showed a bag containing KCL packets with the pharmacy label that matched the doctor's order, "KCL 20 meq: Take two packets dissolved in water by mouth daily for electrolyte replacement."

In an interview, on 09/11/2024 at 3:19 PM, Staff A stated that they would look for the new order of KCL.

Observation and interview, on 09/11/2024 at 3:28 PM, showed Staff A presenting a bag containing KCL packets with the label that matched the instructions on the Resident 2's September 2024 ML (Take one packet dissolved in water three times a day). Staff A stated that they were trying to finish the KCL packets from the old bag. Staff A stated that the pharmacy was going to send a copy of the new KCL order to the AFH. At 3:45 PM, Staff A presented a copy of the KCL order, dated 08/29/2024 and received from the pharmacy. The medication order read, "KCL 20 meq packets: Take one packet dissolved in water three times a day for electrolyte replacement."

Observation of Resident 2's medication supply, on 09/11/2024 at 3:15 PM, showed Resident 2 had OTC bottles for Centrum (a supplement), Omega-3 Fish Oil (a supplement), Vitamin D3 (a supplement), Melatonin (for sleep), and Aspirin (for stroke prevention). The OTC medication bottles were not labeled with the resident's name, dosage, and frequency of administration.

In an interview, on 09/11/2024 at 3:18 PM, Staff A stated that they called the pharmacy to get a copy of the Vitamin D3 order. At 3:50 PM, Staff A stated that Resident 2's representative brought the Vitamin D3 bottle, but they had not given the medication to Resident 2 yet.

Review of document, received by the Department on 09/12/2024, showed a picture of Resident 2's OTC bottles with labels on them.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Good Soul AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/16/2024.

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Meseret Tesfay — Provider (or Representative)

10/01/2024 — Date

WAC 388-76-10015 License Adult family home Compliance required.

(1) The licensed adult family home must comply with all the requirements established in chapters 70.128 , 70.129, 74.34 RCW, this chapter and other applicable laws and regulations including chapter 74.39A RCW; and

WAC 388-112A-0610 Who in an adult family home is required to complete continuing education training each year, how many hours of continuing education are required, and when must they be completed?

(1) The continuing education training requirements that apply to certain individuals working in adult family homes are described below.

(b) A long-term care worker who is a certified home care aide, must comply with continuing education requirements under chapter 246-980 WAC.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have a written Respiratory Protection Program (RPP). The AFH failed to ensure 2 of 2 caregivers (Staff A, Entity Representative, and Staff B, Caregiver) had records of respirator training and fit testing every year. The AFH failed to ensure Staff A and Staff B met their annual Continuing Education (CE) including Food Safety Training, as required. These failures placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for illness and infection and being cared for by staff who were not fully qualified.

Findings included...

<RPP>
Review of the Dear Provider Letter, dated 11/05/2021, showed the requirements necessary in developing a Respiratory Protection Program in Long-Term Care setting. The Dear Provider Letter listed resources to access for fit testing of N95 respirators and the Washington State Department of Health (DOH) website link to the RPP for Long-Term Care Facilities.

Review of the Washington State DOH's "Respiratory Protection Program (RPP) for Long-Term Care Facilities", undated, showed healthcare employees must complete the

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Good Soul AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____
Provider (or Representative) Date

WAC 388-76-10015 License Adult family home Compliance required.

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(b) A long-term care worker who is a certified home care aide, must comply with continuing education requirements under chapter 246-980 WAC.

This requirement was not met as evidenced by:

Based on observation, record review, and interview, the Adult Family Home (AFH) failed to have a written Respiratory Protection Program (RPP). The AFH failed to ensure 2 of 2 caregivers (Staff A, Entity Representative, and Staff B, Caregiver) had records of respirator training and fit testing every year. The AFH failed to ensure Staff A and Staff B met their annual Continuing Education (CE) including Food Safety Training, as required. These failures placed 5 of 5 residents (Residents 1, 2, 3, 4, and 5) at risk for illness and infection and being cared for by staff who were not fully qualified.

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Review of the Washington State DOH's "Respiratory Protection Program (RPP) for Long-Term Care Facilities", undated, showed healthcare employees must complete the

facility's site-specific respirator training before their first use of the respirator (WAC 296-842-16005), then annually.

Review of the Department's Secure Tracking and Reporting System showed the AFH was licensed on 01/12/2021. Review of facility records showed the AFH did not have evidence of a written RPP and conducting respirator training for Staff A and Staff B, as required.

Review of staff records showed Staff A did not have any documentation of respirator fit tests.

Review of staff records showed the AFH hired Staff B on 05/18/2022. Review of Staff B's record showed Staff B did not have any documentation of respirator fit tests.

Interview and observation, on 09/11/2024 at 2:00 PM, showed Staff A stating that they did not know about the written RPP and respirator training requirements. Staff A showed an identification card from their other employer with a sticker of a type of N-95 respirator. Staff A stated that they had the fit test done every year at their outside employment. Staff A stated that they would like to have the Department of Health's RPP template sent to them (so they could use it to develop a written RPP for their AFH). At 2:05 PM, Staff A stated that Staff B had not done any fit testing. Staff A stated that they had left a message for someone to come over to the AFH to do the fit tests.

Review of documents, received by the Department on 09/12/2024, showed a copies of Staff A's fit tests, dated 05/18/2022 and 10/03/2023, obtained from the University of Washington (UW) Medicine Employee Health.

Review of document, received by the Department on 09/13/2024, showed a copy of Staff A's fit test, dated 09/12/2024 and obtained from UW Medicine Employee Health.

Review of an email correspondence, received by the Department on 09/13/2024, showed Staff A stating that they would make an appointment for Staff B to have the fit test done "this weekend".

<CE including Food Safety training>
Review of staff records showed Staff A was missing 9 hours of CE between their birthdays in 12/01/2022 and 12/01/2023. Review of Staff A's record showed Staff A's Food Worker's Card had expired on 04/11/2024.

Review of Staff B's record showed Staff B was missing 5.5 hours of CE between their birthdays in 01/01/2023 and 01/01/2024.

In an interview, on 09/11/2024 at 12:05 PM, Staff A stated that they would ask Staff B to see if Staff B had any additional CE credits from 01/01/2023 to 01/01/2024.

Review of documents, received by the Department on 09/12/2024, showed Staff A renewed their Food Worker's Card (0.5 hour of CE) and CPR/ 1st Aid card on 09/12/2024 (earning 3 additional hours of CE). Thus, Staff A and Staff B were each short 5.5 hours of CE.

In a phone interview, on 09/12/2024 at 3:00 PM, Staff A stated that they and Staff B would take additional CE classes as soon as possible.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Good Soul AFH LLC is or will be in compliance with this law and / or regulation on (Date) 10/16/2024

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

Meseret Tesfay — Provider (or Representative)

10/01/2024 — Date

In an interview, on 09/11/2024 at 12:05 PM, Staff A stated that they would ask Staff B to see if Staff B had any additional CE credits from 01/01/2023 to 01/01/2024.

Review of documents, received by the Department on 09/12/2024, showed Staff A renewed their Food Worker's Card (0.5 hour of CE) and CPR/ 1st Aid card on 09/12/2024 (earning 3 additional hours of CE). Thus, Staff A and Staff B were each short 5.5 hours of CE.

In a phone interview, on 09/12/2024 at 3:00 PM, Staff A stated that they and Staff B would take additional CE classes as soon as possible.

Attestation Statement

I hereby certify that I have reviewed this report and have taken or will take active measures to correct this deficiency. By taking this action, Good Soul AFH LLC is or will be in compliance with this law and / or regulation on (Date)_____ .

In addition, I will implement a system to monitor and ensure continued compliance with this requirement.

_____ _____

Provider (or Representative) Date

STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
AGING AND LONG-TERM SUPPORT ADMINISTRATION
20311 52nd Ave W, Suite 100, Lynnwood, WA 98036

09/25/2024

Good Soul AFH LLC
Good Soul AFH LLC
18414 41st Pl W
Lynnwood, WA 98037

RE: Good Soul AFH LLC # 754829

Dear Provider:

The Department completed a full inspection of your Adult Family Home on 09/13/2024 and found that your home does not meet the Adult Family Home Licensing requirements.

The Department:

- Wrote the enclosed report; and
- May take licensing enforcement action based on many deficiency listed on the enclosed report; and
- May inspect the home to determine if you have corrected all deficiencies; and
- Expects all deficiencies to be corrected within the timeframe accepted by the department.

You Must:

- Begin the process of correcting the deficiency or deficiencies immediately;
- Contact the Field Manager for clarifications related to the Statement of Deficiencies (SOD);

- Within 10 calendar days after you receive this letter, complete and return the enclosed 'Plan/Attestation Statement';
  - o Sign and date the enclosed report;
  - o For each deficiency, indicate the date you have or will correct each deficiency;
  - o Mail the Plan/Attestation Statement and report with original signatures to:

Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100

Lynnwood, WA 98036

• Complete correction(s) within 45 days, or sooner if directed by the Department, after review of your proposed correction dates.
• Have your plan approved by the Department.

Consultation(s):

In addition, the Department provided consultation on the following deficiency or deficiencies not listed on the enclosed report.

WAC 388-76-10198 Adult family home Personnel records. The adult family home must keep documents related to staff in a place readily accessible to authorized department staff. These documents must be available during the staff's employment, and for at least two years following employment. The documents must include but are not limited to:

(2) Staff orientation and training records pertinent to duties, including, but not limited to:

(a) Training required by chapter 388-112A WAC, including as appropriate for each staff person, orientation, basic training or modified basic training, specialty training, nurse delegation core training, and continuing education;

Review of staff records showed Staff A, Entity Representative, was missing their Nursing Assistant (NA) training certificate. Staff A stated that they would look for their NA training certificate to keep in their file.

WAC 388-76-10135 Qualifications Caregiver. The adult family home must ensure each caregiver has the following minimum qualifications:

(7) Has a current valid first-aid card or certificate as required in chapter 388-112A WAC, except nurses, who are exempt from this requirement;

(8) Has a valid cardiopulmonary resuscitation (CPR) card or certificate as required in chapter 388-112A WAC; and

WAC 388-112A-0710 What is CPR/first-aid training? CPR/first-aid training is training that meets the guidelines established by the Occupational Safety and Health Administration (OSHA). Under OSHA guidelines, training must include hands on skills development through the use of mannequins or trainee partners.

Review of staff records showed Staff A, Entity Representative, had a CPR/ First Aid card with an expiration date of 08/11/2024. On 09/12/2024, Staff A sent a copy of completed CPR / First Aid training card, dated 09/12/2024 and expired on 09/12/2026.

You Are Not:

• Required to submit a plan of correction for the consultation deficiency or deficiencies stated in this letter and not listed on the enclosed report.

You May:

• Ask for a informal dispute resolution meeting, according to the attached 'Informal Dispute Resolution' instructions; and
• Ask questions and provide written information to help clarify or dispute the deficiencies.

• Contact me for clarification of the deficiency or deficiencies found.

If You Have Any Questions:

• Please contact me at (206)914-5042.

Sincerely,

Renee' Bourque

Renee Bourque, Field Manager
Region 2, Unit I
Residential Care Services

Enclosure

Plan
(Plan of Correction)

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

• The date you have or will correct each deficiency; and
• Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:
Renee Bourque, Field Manager
Residential Care Services
Region 2, Unit I
20311 52nd Ave W, Suite 100
Lynnwood, WA 98036

INFORMAL DISPUTE RESOLUTION [RCW 70.128]

You May:

Request an Informal Dispute Resolution (IDR) meeting within 10 working days after the date you receive this letter. You **must** use an **'IDR Request Form'** for **each** citation or enforcement you plan to dispute. You can find this form and directions on the IDR Adult Family Home web page at: https://www.dshs.wa.

gov/altsa/idr

Provider Process for Choosing a Panel or Traditional IDR:

You may only choose a **Panel IDR** if you are disputing **three or fewer** citations or enforcement actions. You may choose a **Traditional IDR** regardless of the number of citations or enforcement actions you intend to dispute. If you choose a **Panel IDR**, all documents supporting your dispute must be submitted within **20 working days** after the date you receive this letter. For **Panel IDR**s the program will not consider any documents submitted after the **20 working day deadline**. For **Traditional IDRs** you should submit documents supporting your dispute at least **seven** days prior to the date of the IDR meeting.

Send your request and supporting documents to the address below or email to rcsidr@dshs.wa.gov:

Adult Family Home IDR Program
Residential Care Services
PO Box 45600
Olympia, WA 98504-5600